

UNITED STATES INTERNATIONAL TRADE COMMISSION

SUMMARY VOTING SHEET FOR RESPONSE ADEQUACY AND EXPEDITED OR FULL FIVE-YEAR REVIEW

Subject	Reference Information
Canned Pineapple from Thailand Investigation No 731-TA-706 (Review)	Control No. INV-00-530

Individual Responses (A = Adequate, I = Inadequate)	Koplan	Okun	Bragg	Miller	Hillman 1/	Askey	Commis- sion
--------------------------------------------------------	--------	------	-------	--------	------------	-------	-----------------

Domestic (U.S. Producers)

Maui	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A
IL&WU	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A

U.S. Importers

Dole Packaged Foods	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A
---------------------	----------------------------	----------------------------	----------------------------	----------------------------	--------------------------	----------------------------	----------------------------

Respondent (Foreign Producers/Exporters)

Dole Thailand	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A
Kuiburi	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A
Malee	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A
SAICO	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A
SFP	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A
TIPCO	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A
TPC	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A
Vita	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A
TFP Association	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A

Group Responses (A = Adequate, I = Inadequate)	Koplan	Okun	Bragg	Miller	Hillman	Askey	Commis- sion
---------------------------------------------------	--------	------	-------	--------	---------	-------	-----------------

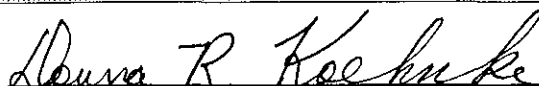
DOMESTIC	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A
RESPONDENT	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> A

Expedited or Full Review	Koplan	Okun	Bragg	Miller	Hillman	Askey	Commis- sion
--------------------------	--------	------	-------	--------	---------	-------	-----------------

EXPEDITED: DOMESTIC GROUP INADEQUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPEDITED: RESPONDENT GROUP INADEQUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FULL	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X

1/ Commissioner Hillman is not participating in this five-year review.

SECRETARY'S CERTIFICATION OF COMMISSION ACTION

 Secretary	Date 9/1/00
--------------------------------------------------------------------------------------------------	----------------